

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**60-013877**

FILED VS MAR 22 1960

STATE FILE NUMBER

Registration District No. 338 Primary Registration District No. 6148 Registrar's No. 13

|  |   |   |   |  |   |  |  |  |
|--|---|---|---|--|---|--|--|--|
| <b>1. PLACE OF DEATH</b><br>a. COUNTY <b>Stoddard</b><br>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Castor</b> Length of stay in 1b Yrs.   |   |   |   | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Stoddard</b><br>c. CITY OR TOWN <b>Bloomfield</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br>d. STREET ADDRESS (If outside, give location) <b>Route # 2,</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |  |  |  |
| <b>3. NAME OF DECEASED</b> (Type or print)<br>First <b>SILAS</b> Middle <b>JACKSON</b> Last <b>HARPER</b>  |   |   | <b>4. DATE OF DEATH</b><br>Month <b>Mar.</b> Day <b>5,</b> Year <b>1960</b> |  |   |  |  |  |
| <b>5. SEX</b><br><b>Male</b>   | <b>6. COLOR OR RACE</b><br><b>White</b> | <b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/><br><b>Widowed</b> <input checked="" type="checkbox"/> <b>Divorced</b> <input type="checkbox"/> | <b>8. DATE OF BIRTH</b><br><b>3-13-69</b>                                   | <b>9. AGE (last birthday)</b><br><b>89-11-22</b>   | <b>IF UNDER 1 YEAR</b><br>Months Days                                       | <b>IF UNDER 24 HR</b><br>Hours Min.  |  |  |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)<br><b>Ret. Farmer</b>   |   | <b>10b. KIND OF BUSINESS OR INDUSTRY</b><br><b>crop farming</b>   |   | <b>11. BIRTHPLACE</b> (City and state or country)<br><b>Bloomfield, Mo.</b>  |   | <b>12. CITIZEN OF WHAT COUNTRY</b><br><b>USA</b>   |  |  |
| <b>13a. FATHER'S NAME</b><br><b>Ashley Harper</b>  |   |   | <b>13b. MOTHER'S MAIDEN NAME</b><br><b>Clarissa Stroup</b>                  |  |   | <b>14. NAME OF HUSBAND OR WIFE</b><br><b>Deceased</b>  |  |  |
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No.</b>  |   |   | <b>16. SOCIAL SECURITY NO.</b><br><b>None</b>                               |  | <b>17. INFORMANT</b> Address<br><b>Dorthy Harper, Bloomfield, Mo. Rt #2</b> |  |  |  |
| <b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Coronary Heart Failure</u><br>DUE TO (b) _____<br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   |   |  |   | INTERVAL BETWEEN ONSET AND DEATH<br>Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>  |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |   |   |   |  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br>Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> |  |  |
| <b>19. WAS AUTOPSY PERFORMED?</b><br>YES <input type="checkbox"/> NO <input type="checkbox"/>  |   | <b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>  |   | <b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)  |   |  |  |  |
| <b>20c. TIME OF INJURY</b><br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____   |   | <b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>  |   |  |   |  |  |  |
| <b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   | <b>20f. CITY, TOWN, OR LOCATION</b>   |   | <b>COUNTY</b>  |   | <b>STATE</b>   |  |  |
| <b>21. I attended the deceased from</b> <u>2-21-1960</u> <b>to</b> <u>2-29-1960</u> <b>and last saw her</b> <u>2-29-1960</u> <b>alive on</b><br><b>Death occurred at</b> <u>9:45 p. m.</u> <b>on the date stated above, and to the best of my knowledge, from the causes stated.</b>                       |   |   |   |  |   |  |  |  |
| <b>22a. SIGNATURE</b> (Degree or title)<br><u>S. S. Davis M.D.</u>   |   |   |   | <b>22b. ADDRESS</b><br><u>Hexter Mo.</u>   |   |  | <b>22c. DATE SIGNED</b><br><u>3-9-60</u> |  |
| <b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify)<br><b>Burial</b>  |   | <b>23b. DATE</b><br><b>Mar. 8,</b>  |   | <b>23c. NAME OF CEMETERY OR CREMATORY</b><br><b>North Antioch cem.</b>   |   | <b>23d. LOCATION</b> (City, town, or county) (State)<br><b>Bloomfield, Mo.</b>   |  |  |
| <b>24. FUNERAL DIRECTOR</b> ADDRESS<br><b>CHILES UND.CO., BLOOMFIELD, MO.</b>  |   |   |   | <b>25. DATE RECD. BY LOCAL REG.</b><br><b>3-18-60</b>  |   | <b>26. REGISTRAR'S SIGNATURE</b><br><u>Mrs. George L. Baker</u>  |  |  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

Y& Lulu Cooper # 3499, Student EMERALD

~~working under my personal supervision.~~

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Juan C. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.